

**FAX TRANSMISSION**RECEIVED  
COMMUNICATIONS SECTION  
APR 04 2005**DATE:** April 4, 2005**PTO IDENTIFIER:** Application Number 10/723942-Conf. #9424  
Patent Number**Inventor:** Hibiki SAEKI et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP  
Anthony A. Laurenzano**PHONE:** (617) 227-7400**Attorney Dkt. #:** SIW-074**PAGES (Including Cover Sheet):** 15**CONTENTS:** Fee Transmittal plus duplicate (2 pages)  
Amendment (7 pages)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) plus duplicate (2 pages)  
Amendment Transmittal plus duplicate (2 pages)  
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PTO/SB/87 (09-04)

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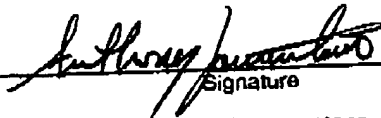
Application No. (if known): 10/723942

Attorney Docket No.: SIW-074

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on April 4, 2005  
Date



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Fee Transmittal plus duplicate (2 pages)

Amendment (7 pages)


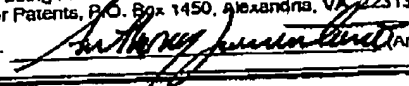
Two Month Request for Extension of Time Under 37 CFR 1.136(a) plus duplicate (2 pages)

Amendment Transmittal plus duplicate (2 pages)

Charge \$450.00 to deposit account 12-0080

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. SIW-074	
Application No. 10/723942-Conf. #9424		Filing Date November 26, 2003		Examiner C. H. Nguyen	
Applicant(s): Hibiki SAEKI et al.					
Invention: CONTROL APPARATUS FOR FUEL CELL VEHICLE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					450.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Signature: <u><i>Anthony A. Laurentano</i></u> Anthony A. Laurentano Attorney Reg. No.: 38,220 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					Dated: <u>April 4, 2005</u>
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below Dated April 4, 2005 Signature: <u><i>Anthony A. Laurentano</i></u> (Anthony A. Laurentano)					

COPY

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. SIW-074	
Application No. 10/723942-Conf. #9424		Filing Date November 26, 2003	Examiner C. H. Nguyen	Art Unit 3661
Applicant(s): Hibiki SAEKI et al.				
Invention: CONTROL APPARATUS FOR FUEL CELL VEHICLE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	3	- 20 =		x
Independent Claims	2	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within second month				450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				450.00
<input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> Large Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
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<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Anthony A. Laurentano Attorney Reg. No.: 38,220 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>April 4, 2005</u>
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PTO/SB/17 (12-04v2)  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

## FEE TRANSMITTAL

### For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 450.00
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**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: LaHive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Multiple Dependent Claims**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 20 =	x	

**Indep. Claims**

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 =	x	

**3. APPLICATION SIZE FEE**

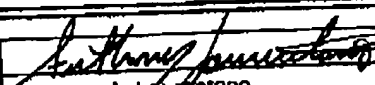
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

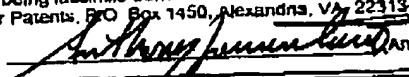
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

<b>SUBMITTED BY</b>	Registration No. 38,220	Telephone (617) 227-7400
Signature 	(Attorney/Agent)	Date April 4, 2005
Name (Print/Type) Anthony A. Laurentano		

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Dated: April 4, 2005 Signature  Anthony A. Laurentano

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status See 37 CFR 1.27  
**TOTAL AMOUNT OF PAYMENT** (\$) **450.00****Complete if Known**

Application Number	10/723942-Conf. #9424
Filing Date	November 26, 2003
First Named Inventor	Hibiki SAEKI
Examiner Name	C. H. Nguyen
Art Unit	3661
Attorney Docket No.	SIW-074

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
3	- 20 =					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 3 =					

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	
				Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

450.00

<b>SUBMITTED BY</b>		Registration No	38,220	Telephone	(617) 227-7400
Signature	<i>Anthony A. Laurentano</i>	(Attorney/Agent)		Date	April 4, 2005
Name (Print/Type)	Anthony A. Laurentano				

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Dated, April 4, 2005

Signature, *Anthony A. Laurentano*

(Anthony A. Laurentano)